

# MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD #: \_\_\_\_\_ NMFS REGIONAL #: \_\_\_\_\_ NATIONAL DATABASE#: \_\_\_\_\_  
(NMFS USE) (NMFS USE)  
 COMMON NAME: \_\_\_\_\_ GENUS: \_\_\_\_\_ SPECIES: \_\_\_\_\_  
 EXAMINER Letterholder: \_\_\_\_\_  
 Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>LOCATION OF INITIAL OBSERVATION</b> State: _____ County: _____ City: _____ Body of Water: _____ Locality Details: _____ _____ Latitude: _____ N <input type="checkbox"/> actual Longitude: _____ W <input type="checkbox"/> estimated How lat/long determined (Check ONE): <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Internet/Software	<b>OCCURRENCE DETAILS</b> <input type="checkbox"/> Restrand <span style="float: right;">GE#: _____ <small>(NMFS USE)</small></span> <b>Group Event:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Type: <input type="checkbox"/> Cow/Calf Pair <input type="checkbox"/> Mass Stranding # Animals: _____ <input type="checkbox"/> actual <input type="checkbox"/> estimated <b>Findings of Human Interaction:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could not Be Determined (CBD) If Yes, Check one or more: <input type="checkbox"/> 1. Boat Collision <input type="checkbox"/> 2. Shot <input type="checkbox"/> 3. Fishery Interaction <input type="checkbox"/> 4. Other Human Interaction: _____ Describe How Determined: _____ Gear Collected? <input type="checkbox"/> YES <input type="checkbox"/> NO Gear Disposition: _____ <b>Other Findings upon Level A:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD If Yes, Check one or more: <input type="checkbox"/> 1. Illness <input type="checkbox"/> 2. Injury <input type="checkbox"/> 3. Other Findings: _____ Describe How Determined: _____																								
<b>INITIAL OBSERVATION</b> Date: Year: _____ Month: _____ Day: _____ First Observed: <input type="checkbox"/> Beach or Land <input type="checkbox"/> Floating <input type="checkbox"/> Swimming <b>CONDITION AT INITIAL OBSERVATION</b> (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced decomposition <input type="checkbox"/> 2. Fresh dead <input type="checkbox"/> 5. Mummified/Skeletal <input type="checkbox"/> 3. Moderate decomposition <input type="checkbox"/> 6. Unknown	<b>LEVEL A EXAMINATION</b> <input type="checkbox"/> Not Able to Examine Date: Year: _____ Month: _____ Day: _____ <b>CONDITION AT EXAMINATION</b> (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced decomposition <input type="checkbox"/> 2. Fresh dead <input type="checkbox"/> 5. Mummified/Skeletal <input type="checkbox"/> 3. Moderate decomposition																								
<b>INITIAL LIVE ANIMAL DISPOSITION</b> (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 7. Transferred to Rehabilitation: <input type="checkbox"/> 2. Immediate Release at Site Date: _____ Facility: _____ <input type="checkbox"/> 3. Relocated <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died during Transport <input type="checkbox"/> 5. Died at Site <input type="checkbox"/> 9. Euthanized during Transport <input type="checkbox"/> 6. Euthanized at Site <input type="checkbox"/> 10. Other: _____ <b>CONDITION/DETERMINATION</b> (Check one or more) <input type="checkbox"/> 1. Sick <input type="checkbox"/> 4. Deemed Healthy 7. Location Hazardous: <input type="checkbox"/> 2. Injured <input type="checkbox"/> 5. Abandoned/Orphaned <input type="checkbox"/> a. To animal <input type="checkbox"/> 3. Out of Habitat <input type="checkbox"/> 6. Inaccessible <input type="checkbox"/> b. To public <input type="checkbox"/> 8. Unknown/CBD <input type="checkbox"/> 9. Other: _____ Comments: _____ _____	<b>MORPHOLOGICAL DATA</b> <b>SEX</b> (Check ONE) <b>AGE CLASS</b> (Check ONE) <input type="checkbox"/> 1. Male <input type="checkbox"/> 1. Adult <input type="checkbox"/> 4. Pup/Calf <input type="checkbox"/> 2. Female <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimated Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimated <b>PHOTOS/VIDEOS TAKEN:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Photo/Video Disposition: _____ _____																								
<b>TAG DATA</b> Tags Were: Present at Time of Stranding (pre-existing): <input type="checkbox"/> YES <input type="checkbox"/> NO Applied during Stranding Response: <input type="checkbox"/> YES <input type="checkbox"/> NO <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">ID #</th> <th style="text-align: left;">Color</th> <th style="text-align: left;">Type</th> <th style="text-align: left;">Placement *</th> <th style="text-align: left;">Applied</th> <th style="text-align: left;">Present</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>(Circle ONE) D DF L LF LR RF RR</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L LF LR RF RR</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L LF LR RF RR</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p><small>* D = Dorsal; DF= Dorsal Fin; L = Lateral Body          LF=Left Front; LR = Left Rear; RF = Right Front; RR = Right Rear</small></p>	ID #	Color	Type	Placement *	Applied	Present	_____	_____	_____	(Circle ONE) D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	<b>WHOLE CARCASS STATUS</b> (Check one or more) <input type="checkbox"/> 1. Left at site <input type="checkbox"/> 4. Towed: Lat _____ Long _____ <input type="checkbox"/> 7. Landfill <input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Sunk: Lat _____ Long _____ <input type="checkbox"/> 8. Unknown <input type="checkbox"/> 3. Rendered <input type="checkbox"/> 6. Frozen for Later Examination <input type="checkbox"/> 9. Other: _____ _____ <b>SPECIMEN DISPOSITION</b> (Check one or more) <input type="checkbox"/> 1. Scientific collection <input type="checkbox"/> 2. Educational collection <input type="checkbox"/> 3. Other: _____ Comments: _____ _____ <b>NECROPSIED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ <b>NECROPSIED BY:</b> _____
ID #	Color	Type	Placement *	Applied	Present																				
_____	_____	_____	(Circle ONE) D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>																				
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_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>																				

## ADDITIONAL REMARKS

ADDITIONAL IDENTIFIER: \_\_\_\_\_ (If animal is reestranded, please indicate any previous field numbers here)

### DISCLAIMER

THESE DATA SHOULD NOT BE USED OUT OF CONTEXT OR WITHOUT VERIFICATION. THIS SHOULD BE STRICTLY ENFORCED WHEN REPORTING SIGNS OF HUMAN INTERACTION DATA.

### DATA ACCESS FOR LEVEL A DATA

UPON WRITTEN REQUEST, CERTAIN FIELDS OF THE LEVEL A DATA SHEET WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR CREDIT THE STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE. THE NATIONAL MARINE FISHERIES SERVICE WILL NOTIFY THE CONTRIBUTING STRANDING NETWORK MEMBERS THAT THESE DATA HAVE BEEN REQUESTED AND THE INTENT OF USE. ALL OTHER DATA WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR OBTAIN PERMISSION FROM THE CONTRIBUTING STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE.

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